

Name in Full

Certificate of Death

Kate Barber

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 July 30

Age

41

1

-

Scotland

wife

~~Male~~

White

Married

~~Widow~~~~Single~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

7

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

Uncontrollable vomiting of Preg- 116

Exhaustion heart failure

Accident, Suicide, Homicide

Reported by

Address

M. Gibson Fortin

Lonaconing On any land.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Herbert Lee Coleman

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

July 26

Age

3 4

Cumberland

Infant

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

George Coleman

Mother's

Name

Flora Coleman

Cause of

Primary

Enterocolitis

How long sick

4 days

Death

Immediate

meningitis

~~Accident, Suicide, Homicide~~

Reported by

E-I-Durse

M.D.

Address

Cumberland

Alleghany Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Jane Baulis

Town

County

Died at Cumberland

Allington

MARYLAND

Date 1898 Feb 20

Age 65

Native of

Occupation

Male White Married

Married

Widow

Divorced

Female Colored Single

Single

Widower

Number of children living

4

Husband of Jacob Baulis

Wife of

Father's Name

Mother's Name

Cause of Death

Primary Dysentery

Immediate Paralysis of Throat

How long sick

10 days

Accident, Suicide, Homicide

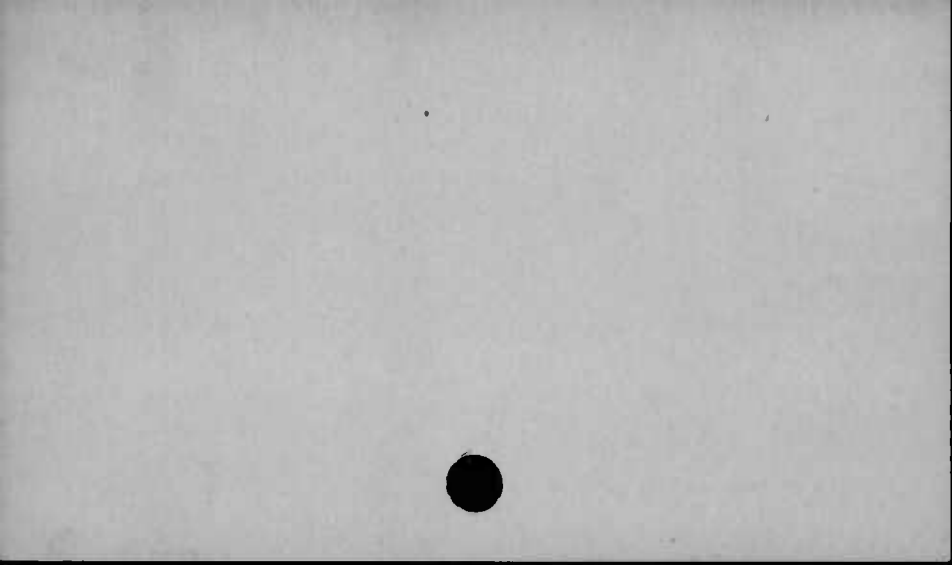
Reported by

N. W. Wiley

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Peter Cullen

Town

County

Died at

Carles

Allaghama

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

July 31

Age

17

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Timothy Cullen

Mother's

Name

Mrs Bridges Cullen

Cause of

Primary

Burn

Death

Immediate

Collapse

146a

How long sick

Accident, Suicide, Homicide

Reported by

Dr. F. L. Chymes

Address

Middlethian



Name in Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Robert Doyle
 Town *Lonaconing* County *Callicum*
 Maryland
 Month *July* Day *8* Y *1* M. *0* D. *0* Native *Mo.* Occupation *Miner*
 Age *38*
 Male *Male* White *White* Married *Married* Widow *Widow* Divorced *Divorced*
 Number of children living *Five*
 of *Fannie Simpson*
 Name *James Doyle* Mother's Name *Annice Fraser*
 Primary *Purpuric Hemorrhage* How long sick *8 to 10 days*
 Immediate *Internal Hemorrhage* Accident, Suicide, Homicide
 Reported by *W. S. Billings M.D.*
 Address *Lonaconing Md.*

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Name in Full

Certificate of Death

George Henry Fresh

Town

County

Died at

Donacoming

Alleghany

MARYLAND

Date 189

8 July 16

Age

57 - 8

D.

Native of

Occupation

Germany Butcher

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 5

Husband

of

Lucy Fresh

Wife

Father's

Name

Fresh

Mother's

Name

Fresh

Cause of

Primary

Osteomyelitis

1892

How long sick

372

Death

Immediate

Pyæmia & exhaustion

~~Accident, Suicide, Homicide~~

Reported by

M. Gibson Porter M.D.

Address

Donacoming Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Catherine Green

Town

County

Died at

Moccaw

Allegheny

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

July 1

Age

6 6

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Patrick L. Green

Mary Fitzpatrick =

Cause of

Primary

Felon cow milk - Mild Dysentery

How long sick

24 hours =

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

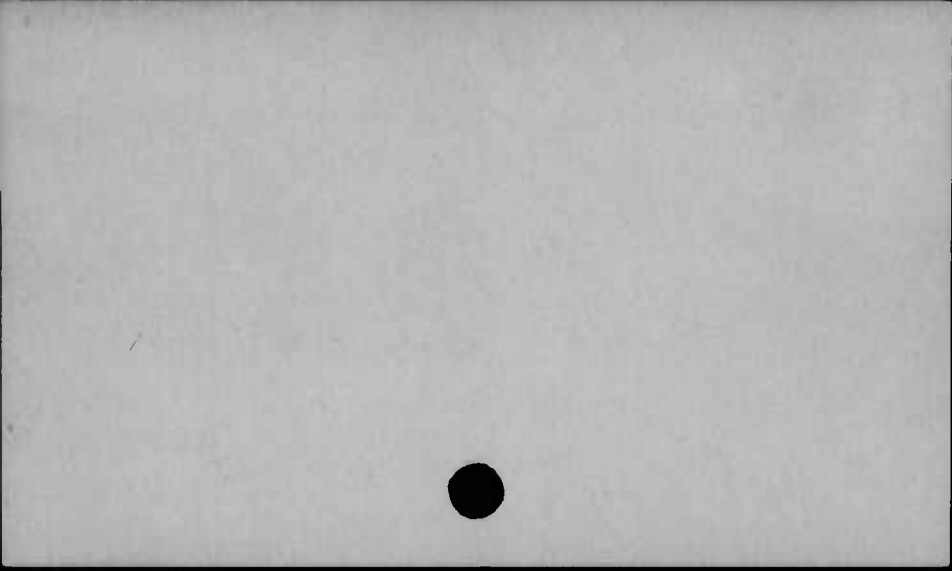
Dr. J. O. Bullock

Address

Sonia coming - Med -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Harry Pfeiffer

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

July 20

Age

— 4 —

Cumberland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

J. W. Pfeiffer

Mother's

Name

Mary Pfeiffer

Cause of

Primary

Enterocolitis

How long sick

5 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

W. W. Wiley

Address

Cumberland Md

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Name in Full

Certificate of Death

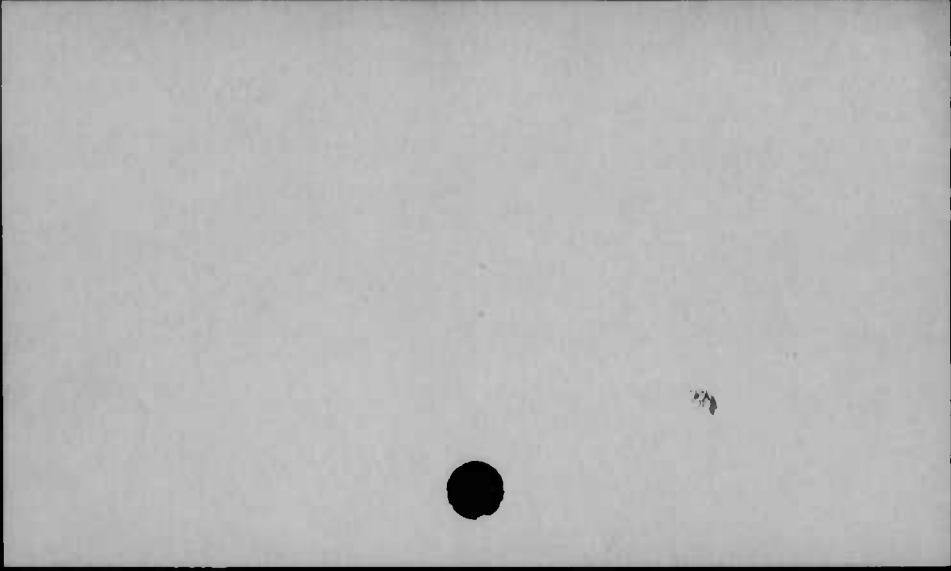
James Harold Hahue.
 Town Cumberland County Allegany
 Died at Cumberland MARYLAND
 Date 1898 Month July Day 18 Age 5 Native of C - Md USA Occupation _____
 Male White ~~Colored~~ ~~Married~~ Single Widow ~~Divorced~~
~~Female~~ ~~Widower~~ Number of children living _____

Husband Wife
 Father's Name August M Hahue Mother's Name Christina Hess

Cause of Death { Primary Deformity of Skull, Compensated by brain with. How long sick 5 days
 Immediate Exhaustion due to 137.
~~Accident, Suicide, Homicide~~

Reported by H B MillerAddress Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Berrie E. Kitzmiller

Certificate of Death

Died at Crumblin Allegheny County MARYLAND

Date 189 8 July 27 Month Day Y. M. D. Age 6 Native of W. Va. Occupation _____

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 Wife of _____

Father's Name Kitzmill Mother's Name Julia Kitzmiller

Cause of Death { Primary Cholera Infantum How long sick 2 mo.
 Immediate Meningitis W Accident, Suicide, Homicide

Reported by Mr. L. Broadus M.D.
 Address 100 Va Ave Crumblin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name in Full

Certificate of Death

Eva Lintz

Town

County

Died at

Moochow

Allegheny

MARYLAND

Date 189

8

Month

July

Day

27

Y.

0

M.

6

D.

15

Native of

U.S.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~
of

Wife

Father's

Name

Harry Lintz

Mother's

Name

Fanny Lintz

Cause of

Primary

140
Prostration from heat

How long sick

1 mo.

Death

Immediate

Insanition

Born at

Accident, Suicide, Homicide

Tmo of Prostration.

Reported by

C. Brobmarkle

Address

Lonaconing Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968



Name in Full

Certificate of Death

Died at

Date 189

Male

Female

Month

Day

Y.

M.

D.

Native of

Occupation

Husband
ofFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Name in Full *Jno Morrissey*
 Town *Cumbrland* County *Allegheny*
 Died at *Cumbrland* - *Allegheny* - MARYLAND
 Date 189 *8* Month *July* Day *21* Y. *63* M. *4* D. *3* Native of *Ireland* Occupation *Butcher*
 Male *White* Married *Widow* Divorced *Widower*
 Female *Colored* Single *Widower* Number of children living *8*

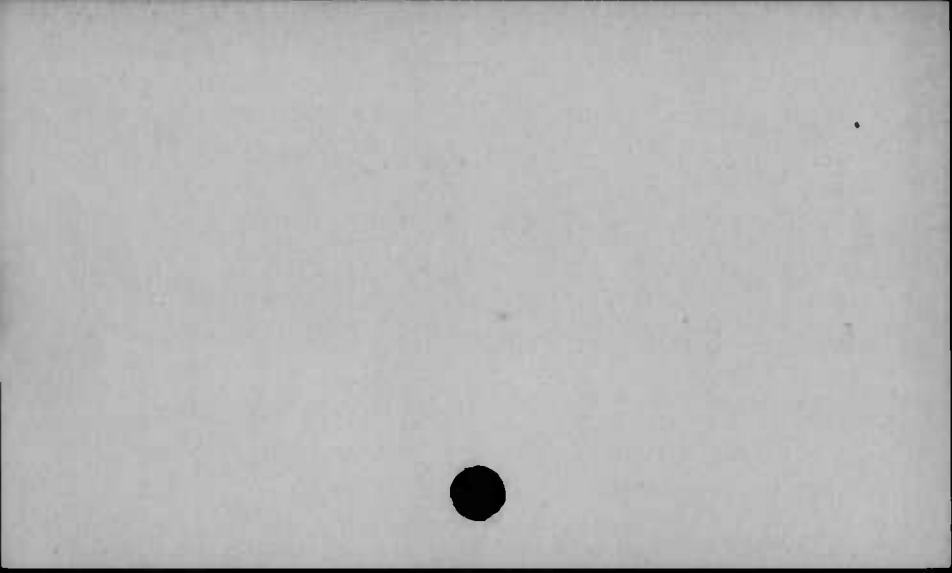
Husband of *Mary Morrissey*
 Wife of *Mary Morrissey*
 Father's Name *Michael Morrissey* Mother's Name *J*

Cause of Death { Primary *Drunk* - *34* How long sick *6 days*
 Immediate *acute Antritis*
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by *M. W. Wiley*
 Address *Cumbrland* *Jno* -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65962



Name in Full

Certificate of Death

2

Samuel Henry Morse

Town

County

Died at

Cumberland

Alligany Co.

MARYLAND

Date 189

8

Month

Day

July

27

Age

13 Y.

M.

D.

10

2.

Native of

Hancock Md.

Occupation

Groom

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Peter Henry Morse

Mother's

Name

Mary Ellen Cecelia
Kerns

Cause of

Primary

Accident

How long sick

Death

Immediate

Run over by car.

Accident, ~~Swindle, Homicide~~

Reported by

H. B. Miller

Address

Cumberland Md

1459

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Catherine Wilson

Died at Flintstone ^{Town} Alleghany ^{County} MARYLAND

Date 1898 ^{Month} July ^{Day} 18 Age 75.3.24 ^{Y.} Penna ^{M.} ^{D.} ^{Native of} ^{Occupation} Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living five

Husband of Hugh Wilson

Wife

Father's Name John Snider

Mother's Name

Cause of Death { Primary Typho mal Fever 1

Immediate Hemorrhage bowels -

How long sick 4 weeks

Accident, Suicide, Homicide

Reported by Thos. P. Roberson MD

Address Flintstone Maryland



Thomas Pennell

Town

County

Died at

S. Cumberland

Allegheny

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8

July 19

Age

48

Cumberland

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mrs. H. Pennell

Mother's

Name

Cause of

Primary

Typhoid fever

How long sick

3 wks

Death

Immediate

Perforation of Bowel & Peritonitis

Accident, Suicide, Homicide

Reported by

Geo. L. Broadbent, M.D.

Address

100 Va Ave

Cumberland



Name in Full

Certificate of Death

Margaret May Ridgely

Born out of wedlock³

Died at

Town

County

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

July 29

Age

4

10

Bacterium

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Walter Ridgely

Mother's
Name

Mary Crouse

Cause of

Primary

Inanition. Want of care.

Death

Immediate

Starvation. from above.

How long sick

Life

Accident, Suicide, Homicide

Reported by

H. B. Miller

Address

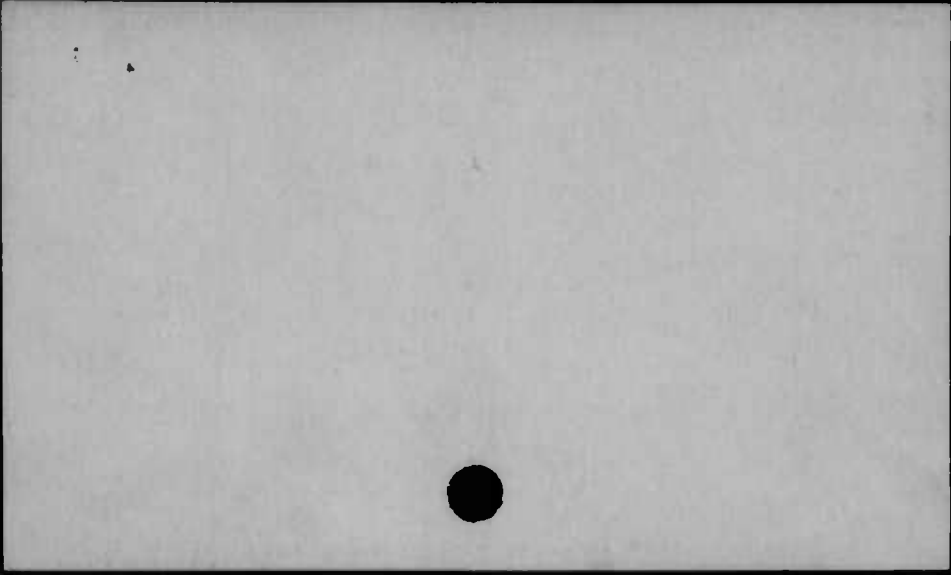
Crimmeland

Red

139

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REGER



Fredrick Dewey Schramm
 Town County

Died at *Barton* *Allegheny* MARYLAND

Date 189 *8* Month *July* Day *28* Age *2* Y. M. D. Native of *Allegheny* Occupation *---*
 Male *White* *Married* *Widow* *Divorced*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband *nk*
 Wife *nk*

Father's Name *Henry Schramm* Mother's Name *Lena Elizabeth J.*

Cause of Death { Primary *Atelectasis* 140 How long sick *2 days*
 Immediate *Cyanosis*

~~Accident, Suicide, Homicide~~

Reported by *J. H. Boucher, M.D.*

Address *Barton* *Md*



Name in Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Margaret Shertzer

Town

County

MARYLAND

Month

Day

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widow~~

Number of children living

of

Mother's

Name

How long sick

Primary

Immediate

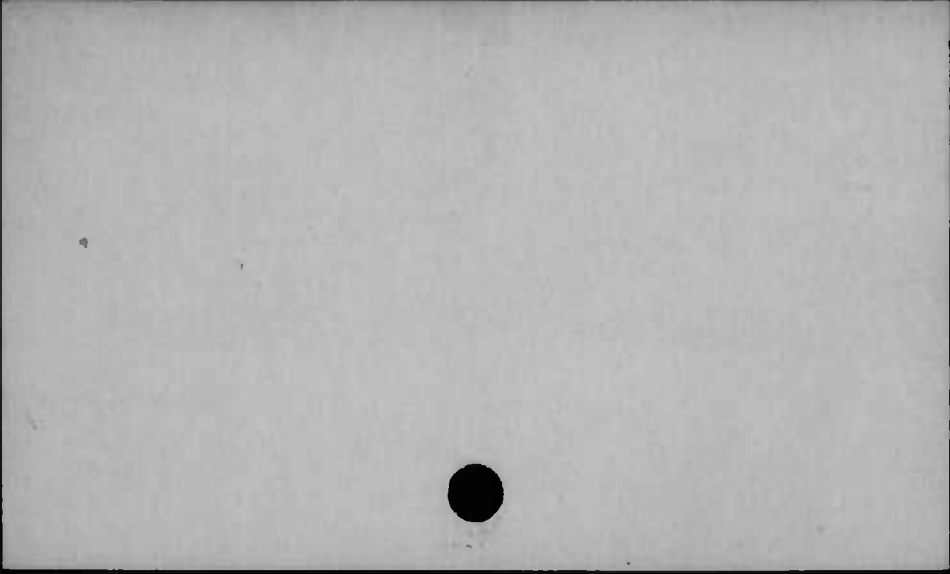
Accident, Suicide, Homicide

Dysentery

10 days

A. B. Price

Frederick Md



Manila Shue

Town

County

Died at

Lonaconing

Allegheny

MARYLAND

Date 189

8

Month

7

Day

13

Age

Y.

M.

D.

Native of

1 16

U.S.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Married~~~~Widow~~Father's
Name

Chas. Shue

Mother's
Name

Elizabeth Shue

Cause of

Primary

Prematurity

How long sick

6 days

Death

Immediate

Colic, infantile

~~Accident, Suicide, Homicide~~

Reported by

M. Gibson Porter M.D.

Address

Lonaconing

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sewey Shue

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8

7

13

Age

1

12

U.S.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

Chas Shue

Mother's

Name

Elizabeth Shue

Cause of

Primary

Prematurity

How long sick

6 days

Death

Immediate

Cholera Infantum

~~Accident, Suicide, Homicide~~

Reported by

M. L. Porter M.D.

Address

Conacoming Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name in Full *Harriett Sisk*
 Died at *Cumberland* Town *Allegany* County *MARYLAND*
 Date 189 *8* Month *July* Day *7* Age *62* Y. M. D. Native of *W. Va.* Occupation *Housewife*
 Male ☒ White ☐ Married ☐ Widowed ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widowed ☐ Number of children living *abts 8*

~~Husband~~

Wife of

Father's

Name

Sisk

Mother's

Name

Cause of Death { Primary *Con. exertion & heart. 42* How long sick *15 min*
 Immediate *Apoplexy* *Accident, Suicide, Homicide*

Reported by

Address

Geo. L. Broadnax M.D.
100. Va av Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Villard

4

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

Native of

Occupation

8

July

29

Age

73

Cumberland

Widow

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

3

Husband

~~Wife~~

Father's

Name

Cause of

Primary

Scrophula Exhaustion.

Death

Immediate

Valvular disease of Heart.

Mother's

Name

Margaret Foster

How long sick

3 years.

~~Accident, Suicide, Homicide~~

Reported by

H. B. Miller

43

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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